

Medical Directors' Committee GETAC Position re: Pediatric Equipment for Ambulances

April 25, 2007

The practice of medicine as a science and art has continually evolved. Many of the practices we performed as recently as thirty years ago have now passed into history as our knowledge has expanded as newer techniques evolved and our scientific understanding has broadened. More programs promoted in the field by EMS specialists have been accepted into the Emergency Department in their patient evaluations. The future promises more advances and changes in the way we practice in the field and the hospital.

The Medical Directors Committee of GETAC has established a position in regards to the delegation of medical authority in the field. We believe there should be a relationship between competency certification and professional licensure, within parameters allowing execution of duties to best serve each community's needs allowing reasonable local variation based on education, equipment allocation, field organization, and local medical delegation. Within the context of local variability, there should be consistency in protocols and procedures as deemed appropriate to each locale, credentialed and delegated by Medical Direction.

The pediatric equipment list should represent a guideline allowing discretion on behalf of the medical director of the service. The Future of Emergency Care of Children Series 'Emergency Care for Children' espouses the Six Quality Aims of Pediatric Emergency Care: Safe, Effective, Patient-Centered, Timely, Efficient, and Equitable. The Medical Directors' Committee believes in these principles. These standards not only speak for children but encompass the principles that should be espoused for the care of all personages in the prehospital setting. With limited knowledge and experience in providing care to the pediatric population we are fully aware that there may be failure to appreciate that treatment of children differs from that of adults. There is further a definite delineation of care from neonates to infants to children. Practice patterns may vary widely, some with specific guidelines and others in which it is unclear which treatment strategies are the most beneficial. There is also a wide disparity of clinical acumen from those recently graduated and continuing their educational advancement to those with the intuitive knowledge gained by years of experience. Rural providers face additional challenges from those of their urban/suburban brethren, being diversity in the volume of calls, as well as the potential to be more volunteer organizations which may be more cost conscious in their ability to expend money and resources. The under utilization of acquired skills can lead to the reluctance to perform same and the potential for error when

undertaken. It has been ascertained that skill set performance declines much more rapidly than one's perception in their ability over time.

Infant and children's anatomy lends itself to the beneficial use of bag mask ventilation in almost all circumstances. However in those circumstances where necessary there must be an understanding of 'bridging' techniques to be utilized until a definitive airway needs to be established, preferably in a controlled situation for endotracheal intubation or cricothyrotomy. Special awareness for those situations in which cannot ventilate/cannot intubate must be thoroughly understood which would lead to the preceding situation. Providers of emergency resuscitation in the field must recognize the importance of ventilation and the dire risks of failure to ventilate the lungs.

Emergency Medical Technicians at all levels must have the appropriate equipment and supplies to optimize prehospital delivery of care. Integral in this process is the medical direction of prehospital care. High quality, consistent emergency care demands continuous quality improvement and is directly dependent on effectively monitoring, integrating, and evaluating all components of the patient's care, minimizing further systemic insult or injury through a series of well defined and appropriate interventions. Equipment requirements will vary depending on the certification levels of provider, population densities, geographic and economic conditions of the region and other factors.

The guideline lists supplies and equipment that should be considered on ambulances to provide patient care. Very little scientific evidence supports requirements for specific equipment and supplies. We recognize that such guidelines are living documents and will and should change as the various practices in medicine progress over time. We further encourage the medical directors in the State of Texas to consider progressive education and competency testing consistent with best practices as derived from in-field operations consistent with good medical management in their respective locales.

The Medical Directors' Committee of the Governor's EMS and Trauma Advisory Council therefore recommends to the medical directors of the State of Texas that these guidelines be considered in their development of protocols and best practices throughout the State.

Respectfully submitted,

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